

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**23575**

1. PLACE OF DEATH  
 County Laclede Registration District No. 448  
 Township Conway Primary Registration District No. 558  
 City Conway (No. 66) St. Mo. Ward 1  
 2. FULL NAME Jim Shelly Gann  
 (a) Residence, No. 1 St. 1 Ward. 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Gann  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1860  
 7. AGE YEARS 72 MONTHS 10 DAYS 5 If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fisherman  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leinn.  
 13. NAME Chas. Gann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leinn.  
 15. MAIDEN NAME Elizabeth Bean  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leinn.  
 17. INFORMANT Chas. Gann (ADDRESS) Conway Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grace Lawn DATE July 14 1933  
 19. UNDERTAKER W.E. Hoeman (ADDRESS) Conway Mo  
 20. FILED Sept 15 1933 Leinn. Abington Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 7-5-1933 to 7-13-1933  
 I last saw him alive on 7-13-1933 Death is said to have occurred on the date stated above, at 9 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset 8/7  
 Other contributory causes of importance 8/7  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J.W. Lindsay, M. D.  
 (Address) \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

2

MO

MO

